

DONATION FORM

DEDCONAL INFORMATION

PERSONAL INI ORIV	ATION		
Name			
Address			
City State/Province			
Zip/Country Code		Country	
Phone Number(s) Work		Home	
Email			
University/College		Year	of Graduation
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	Ctata/Dravinga		
	State/Province		
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GIFT INFORMATION			
Amount of gift \$			
Designate my gift to:			
PAYMENT			
Credit Card: □ VISA □ Maste	erCard Discover Americar	n Express	
Number	Exp	oiration Date _	
Cardholder's Signature			
Or Make Check Payable to: CS			
REQUEST INFORMA	TION		
□ Please send me more inform	ation about planned giving oppo	ortunities.	

- □ Please send me more information about naming opportunities.
- □ I am interested in including/have included CSU in my will/estate plans.

PLEASE SEND THIS FORM WITH YOUR DONATION TO:

Cleveland State University Union Building, Suite 501 2121 Euclid Avenue Cleveland, OH 44115-2454

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